

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-5511

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

PROFESSIONAL ENGINEERS SECTION

INSTRUCTION PACKET FOR PROFESSIONAL ENGINEER CREDENTIAL

Enclosed are the forms for applying for registration and a copy of the Wisconsin Statutes and Administrative Code relating to a Professional Engineer registration. **This is not the appropriate application if you want to apply for the engineering examination. To obtain the exam application contact CPS Human Resource Services by calling (916) 263-3644 or download the application online at www.cps.ca.gov.**

FILING AN APPLICATION - All applicants for credential (licensure) as a Professional Engineer must complete an "Application for Professional Engineer Credential" (Form #1736). Please type or print all information when completing the application.

Completed applications must be mailed to the address listed above. Applications hand delivered or mailed by special courier must be addressed to the Department's street address: 1400 East Washington Avenue, Room 142, Madison, WI 53703.

FEES - Please include a check or money order made payable to the Department of Regulation and Licensing for the fee under which you are qualifying for credential.

Applicants applying under secs. 443.04(1)(a)(b) or (c), Stats., and who have not previously submitted the "Eligibility Application for the Principles and Practice Examination" (Form #1999), please submit a \$53.00 initial credential fee.

Applicants applying under secs. 443.04(1)(d), Stats., submit a \$53.00 initial credential fee.

Applicants applying under the comity provision submit a \$58.00 initial credential fee.

NOTE: New candidates who sat for the principals and practice of engineering examination in April 1997 or later have already submitted the credential fee. **DO NOT SUBMIT THE FEE AGAIN.**

IMPORTANT NOTICE

FOR APPLICANTS WHO HAVE PREVIOUSLY SUBMITTED AN ELIGIBILITY APPLICATION FOR PRINCIPLES & PRACTICE OF ENGINEERING EXAMINATION (Form #1999)

If you prequalified for the Principles & Practice of Engineering Examination in October 1993 or after, submit the following:

1. **Application for Professional Engineer Credential (Form #1736).** Do not include transcripts.
2. **Barrier Free Exam and Fee – see Form #2625.**

Wisconsin Department of Regulation & Licensing

TEMPORARY PERMITS (Comity applicants only) - A temporary permit is available to all applicants under the comity provision. This permit allows the applicant to proceed with a pending project during the time it takes to process the application for credential. An applicant desiring a permit must include a letter specifically requesting the permit which includes a description of the project (location, approximate size and cost), a copy of their registration card from the original state of registration and a \$58.00 temporary permit fee. The application for professional engineer credential, credential fee and temporary permit fee must accompany the request for temporary permit.

NCEES RECORD (Comity applicants only) - If you are using an NCEES record, complete and return only the "Application for Professional Engineer Credential" (Form #1736) and fee to this office. Indicate that you are requesting NCEES to forward your record to us.

DIRECT APPLICATION – Submit all of the following along with the application for Professional Engineer Credential (Form #1736) and the fee:

EDUCATION - Official transcripts showing courses taken and degrees received are required. Transcripts must be sent by the college or university to you so you can submit the transcript with your application. Unofficial copies of transcripts are not acceptable. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s).

The Professional Engineers Section grants an experience equivalent for education. A Bachelor of Science degree in engineering accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology (EAC/ABET) is equivalent to 4 years of experience. A Bachelor of Science degree in engineering technology accredited by the Technology Accreditation Commission of the Accreditation Board for Engineering and Technology (TAC/ABET) is equivalent to 3 years of experience.

If you need a list of approved schools, or want to verify if the school you attended is approved, please contact the Board office at (608) 261-7096.

If the degree is from an international educational institution, you must provide an official detailed evaluation by the Engineering Credential Evaluation International (ECEI). Telephone: (410) 347-7738 or access their website at: www.ecei.org

VERIFICATION OF EXAMINATION SCORES - If you completed the fundamentals of engineering (FE) or the principals and practice of engineering (PE) examinations in another state, you must contact the registration agency in that state and request that they provide official verification of the scores directly to this office. A Verification of Examination or Registration (Form #475) can be used for your convenience. We suggest that you furnish a pre-addressed stamped envelope for their convenience.

EXPERIENCE RECORD - When completing the "Experience Record" (Form #463), include as many applicable experience requirements outlined in the Wisconsin Administrative Code as possible. Provide a complete chronological listing of your background beginning with your education. Indicate when employment is full-time vs. part-time. Provide a detailed resumé, if available. If your education does not come at the beginning of your record, include it in the appropriate order within your chronological listing of your background as a separate engagement. Please type or print all information. You may create a document on your computer as long as it follows our format. Not more than one year of satisfactory credit may be granted for any calendar year.

Wisconsin Department of Regulation & Licensing

REFERENCES - Provide replies from 5 references having personal knowledge of your experience using the enclosed "Professional Engineer Applicant Appraisal Form" (Form #470). Each reference should complete Form #470 and return it to you so you can submit all 5 references with your application. It is required that three references be registered in the profession. Family members can act as supplemental references in support of an application, but not as one of the five required responses.

EXPERIENCE QUESTIONNAIRES - Applicants for registration as a professional engineer under the provisions of secs. 443.04(1)(c) and (d), Stats., are required to complete and return an additional questionnaire (Form #930 if applying under (1)(d) or Form #1065 if applying under (1)(c). Applicants applying by comity do not complete either of these questionnaires.

BARRIER-FREE DESIGN EXAMINATION - If you are applying under secs. 443.04(1)(a), (b) or (c), Stats., and have not previously passed the Wisconsin Barrier-Free Design examination, complete and return the test booklet and answer sheet with your credential application and an exam fee of \$57.00. Applicants applying either under secs. 443.04(1)(d) or by comity do not take this exam.

REVIEW DATES - Applicants who took the principles and practice of engineering exam prior to October 1993 and applicants applying by experience will be presented to the Professional Engineers Section for evaluation when all required documents are received. Pre-qualified applicants who took the principles and practice of engineering exam after October 1993 and comity applicants are not presented to the Professional Engineer Section. If your application must be reviewed by the Professional Engineer Section, the following dates apply:

<u>Review Dates</u>	<u>Deadline Date for Receipt of All Documents</u>
February 26, 2004	February 12, 2004
April 22, 2004	April 10, 2004
June 24, 2004	June 10, 2004
September 2, 2004	August 19, 2004
December 9, 2004	November 24, 2004

These are tentative meeting dates and are subject to change.

WISCONSIN STATUTES AND ADMINISTRATIVE CODE:

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors is available on the web at www.drl.state.wi.us/publications or at most public libraries. If you wish to purchase a copy, please submit a check or money order made payable to the Department of Regulation and Licensing for \$5.28 per copy.

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

PROFESSIONAL ENGINEER SECTION

APPLICATION FOR PROFESSIONAL ENGINEER CREDENTIAL

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The Professional Engineer license expires on July 31st of the (even or odd)-numbered year. It may be renewed for a two year period at that time.

QUALIFICATION: Place an "X" in ONE space only indicating how you qualify.

- ☐ Comity (Credentialed/licensed in another state) State ____ License # ____
☐ Passed - Fundamentals, Principles & Practice and Barrier Free (Education and Experience Total 8 Years)
☐ Passed - Principles and Practice and Barrier Free (Education and Experience Total 12 Years)
☐ Approved Degree Plus 8 Years Experience

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application

- ☐ Initial License
\$ 53.00 Credential fee required only if you are applying under approved degree plus 8 years experience.
\$ 57.00 Barrier free exam fee
\$ ____ Total fee submitted
- ☐ Comity
\$ 58.00 Initial credential fee
\$ 58.00 Temporary permit fee
\$ ____ Total fee submitted

For Receipting Use Only

FOR BOARD APPROVAL ONLY

BY _____
BY _____
BY _____
DATE _____

Wisconsin Department of Regulation & Licensing

EXAMINATIONS: Indicate where and when you took any of the above examinations. If other than Wisconsin, a verification of scores must be submitted. Use "Verification of Examination or Registration" (Form #475).

EDUCATION: (Official Transcripts Required)

Colleges Attended	Degree Received	Date of Graduation	Major
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STATEMENT OF ARREST OR CONVICTION:

(Attach additional sheets if necessary)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____	_____	_____
First Name	Middle Initial	Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth			Social Security Number		
month	day	year	Information helps us identify your record, but is voluntary. It is not available to the public.		
Ethnic/gender information is required to check criminal information records.			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

#2252 (Rev. 02/02)
Ch. 111, Stats.

-OVER-

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

Date

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public

Date

My commission (is permanent) _____ expires _____.

SEAL

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

VERIFICATION OF EXAMINATION OR REGISTRATION

Information requested is required for processing.

SECTION I - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Type of Credential: _____

Original State of Licensure: _____ Credential Number: _____

SECTION II - Registration agency is to complete this section and return to the Department of Regulation and Licensing.

A. The above-named individual was registered as a/an:

	CREDENTIAL #	DATE ISSUED	VALID UNTIL
ARCHITECT	_____	_____	_____
LANDSCAPE ARCHITECT	_____	_____	_____
PROFESSIONAL ENGINEER	_____	_____	_____
ENGINEER-IN-TRAINING	_____	_____	_____
LAND SURVEYOR	_____	_____	_____

B. Basis of Registration:

1. _____ By Written Examination:

_____ Hours EIT	_____ Score	_____ Exam Date	_____ NCEES Exam
EIT Score accepted from _____			
_____ Hours PE	_____ Score	_____ Exam Date	_____ NCEES Exam
_____ Hours FLS	_____ Score	_____ Exam Date	_____ NCEES Exam
_____ Hours PLS	_____ Score	_____ Exam Date	_____ NCEES Exam
_____ Hours Architect (Provide exam format, scores and dates on reverse side)			
_____ Hours Landscape Architecture (Provide exam format, scores and dates on reverse side)			

2. _____ By Comity with _____

3. _____ By Education and Experience: Explain provisions for registration without written examination on reverse side.

C. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above-named individual? Yes _____ No _____ If yes, please give details on reverse side.

COMPLETED BY _____ STATE _____

TITLE _____ DATE _____

(BOARD SEAL)

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

EXPERIENCE RECORD

Type or print your name:		Type of license you are applying for:		Date:
		Title of Position, and Extent of Experience and Responsibility. Make statement concise. Designate each engagement by a separate number. [Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.] University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form.	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.	
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____			
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____	Title: _____		

Wisconsin Department of Regulation & Licensing

#3 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____	Title: _____	
#4 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____	Title: _____	
#5 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____	Title: _____	

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PROFESSIONAL ENGINEER SECTION

QUESTIONNAIRE FOR PROFESSIONAL ENGINEER APPLICANTS APPLYING UNDER SEC. 443.04(1)(d), STATS.

Information requested is required for processing.

Applicant's Name	Birthdate
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NOTE: The following statutory and rule sections relate to the questions below:

443.04(1)(d), Stats., says that an applicant for registration as a professional engineer shall submit satisfactory evidence to the examining board of ... A diploma of graduation or a certificate from an engineering school or college approved by the examining board as of satisfactory standing in an engineering course of not less than 4 years, together with an additional 8 years of experience in engineering work of a character satisfactory to the examining board and indicating that the applicant is competent to practice engineering.

A-E 4.05(4), Wis. Admin. Code requires that applicants applying under sec. 443.04(1)(d), Stats., shall have a bachelor's degree from a school or college of engineering accredited by the engineering accreditation commission of the accreditation board for engineering and technology (EAC/ABET) in an engineering course of not less than 4 years or a diploma of graduation in an engineering course of not less than 4 years deemed by the board to be equivalent to a B.S. degree in engineering from an EAC/ABET accredited school or college of engineering; submit a statement describing the provisions of Wisconsin law which govern the practice of engineering and which concern the design needs of people with physical disabilities and submit evidence that the applicant has had at least 6 months of engineering experience in Wisconsin or has had sufficient contacts with this state to make the applicant familiar with Wisconsin engineering law and practice.

**Failure to provide the following information will result in denial of credential.
This form must be returned. Any additional statements requested should be attached.**

1. **Indicate either (a) or (b) below.** (If you do not know if your school is accredited, please contact the Board office at (608) 261-7096)

(a) Bachelor's degree from EAC/ABET accredited program.

Bachelor's degree from _____ was granted on _____,
(Name of School) (Date)

in _____ and is accredited by EAC/ABET.
(Name of Program, i.e., Civil)i.e., civil)

State of Wisconsin Department of Regulation & Licensing

- (b) EAC/ABET accredits programs leading to a bachelor degree in engineering obtained in the United States. If your degree is not accredited by EAC/ABET and you apply under sec. 443.04(1)(d), Stats., you must submit evidence that the degree you received is from a curricula equivalent to those accredited by EAC/ABET. A Bachelor of Science degree in engineering technology accredited by the Technology Accrediting Commission of the Accreditation Board for Engineering and Technology is equivalent to 3 years of experience. If you have received a B.S. degree in engineering technology, you must submit a request for equivalency. You also must document a minimum of 9 years of qualifying engineering experience. Each request for equivalency will be evaluated on an individual basis and solely on information provided by the applicant.

Bachelor's degree from _____ was granted on _____,
(Name of School) (Date)

in _____
(Name of Program, i.e., Civil)i.e., civil)

☐ Program is accredited by TAC/ABET as four-year engineering technology.

☐ Program is not accredited by TAC/ABET as a four-year engineering technology program.

(The applicant must attach a written request that education be accepted as equivalent and provide supporting evidence.)

NOTE: If the degree is from an international educational institution, you must provide an official detailed evaluation by Engineering Credentials Evaluation International (ECEI), 211 E. Lombard St., #357, Baltimore, MD 21202, (410) 347-7738, www.ecei.org which shows that the degree is equivalent to an EAC/ABET accredited B.S. degree in engineering.

2. **Provide a statement** describing provisions in Wisconsin law which govern the practice of engineering and which concern the design needs of people with physical disabilities. Attach a single page (use front and back if necessary) containing your interpretations of those applicable codes, identified by section number. Title the page: BARRIER-FREE DESIGN STATEMENT by (your name). Please type or print the statement.

NOTE: A complete copy of Comm 61 to 65 Wisconsin Administrative Code may be purchased from the Department of Administration, Division of Document Sales, P.O. Box 7840, Madison, WI 53701, 800-362-7253. Copies may also be available at public libraries. Chapters Comm 61 to 65 are also available on the web site at www.legis.state.wi.us/rsb/code/index.html. The IBC and the ICC/ANSI A117.1 may be purchased from organizations listed in the note under s. Comm 61.05.

Chapters Comm 61 to 65, Wisconsin Administrative Code specifically deals with the design needs of people with physical disabilities, and incorporates federal standards from the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

3. **Provide evidence** that you have at least 6 months of engineering experience in Wisconsin.

- (a) My experience in Wisconsin is documented in engagements _____
on the enclosed experience record (Form #463),

OR

- (b) Submit evidence that the contacts you have had with this state have made you familiar with Wisconsin engineering law and practice. Title the sheets "HOW I SATISFY REQUIREMENTS OF sec. A-E 4.05(4)(d), Wis. Admin. Code, by (your name)". Use as many sheets as necessary. Please type or print the statement.

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ENGINEER SECTION

PROFESSIONAL ENGINEER APPLICANT APPRAISAL FORM

Information requested is required for processing.

APPLICANT: PROFESSIONAL ENGINEER	
Type or Print Name of Applicant	Date of Birth

The applicant named above has applied for registration as a Professional Engineer in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal (of the applicant's proficiency) as requested below and on the back of this form. **PLEASE RETURN THIS FORM TO APPLICANT AFTER COMPLETION.**

- I know this applicant: ☐ - very well ☐ - well ☐ - slightly ☐ - not at all
- My contacts with the applicant extend from _____ to _____.
- These contact were (check all that apply):
☐ - As an associate in engineering work ☐ - As a student in my classes
☐ - In social or community activities ☐ - In professional society activities
☐ - Other (specify) _____
- In my opinion the applicant's personal integrity and character _____

- I have personal knowledge of the applicant's engineering work ☐ - yes ☐ - no. The type of practice engaged in and quality of performance are indicated on the scale below. Interpretations are stated on the back of this sheet.

<u>Type of Practice</u>	<u>High Grade</u>	<u>Average</u>	<u>Mediocre</u>	<u>Unsatisfactory</u>
Major Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Registration in Wisconsin is not by classification of any branch of engineering practice. To assist the Board in evaluating this applicant, please check one or more of the listed categories in which you have knowledge of the applicant's experience.

<input type="checkbox"/> - Civil	<input type="checkbox"/> - Electrical	<input type="checkbox"/> - Metallurgical	<input type="checkbox"/> - Structural
<input type="checkbox"/> - Chemical	<input type="checkbox"/> - Mechanical	<input type="checkbox"/> - Industrial	<input type="checkbox"/> - Other _____
- Considering the need to protect health, safety and welfare, in my opinion this applicant would rank in professional competence and responsibility as follows:
☐ - Qualified ☐ - Unqualified ☐ - Doubtful/unknown

State of Wisconsin Department of Regulation & Licensing

8. Comments: _____

9. The above information is being submitted by:

Name (Type or Print)	<div>Please affix seal or</div> <div>write in where registered, type of profession and registration number if applicable</div>
Firm	
Title/Position	
Address	
City/State/Zip	
Day Phone	
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INTERPRETATIONS:

- High Grade: Performance unquestionably of a professional level demonstrating thorough competence and creative ability.
- Average: Work not distinguished in content or level but adequate for engineering purposes indicating an ability, under some supervision, to produce workable designs or systems and products.
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Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ENGINEER SECTION

PROFESSIONAL ENGINEER APPLICANT APPRAISAL FORM

Information requested is required for processing.

APPLICANT: PROFESSIONAL ENGINEER	
Type or Print Name of Applicant	Date of Birth

The applicant named above has applied for registration as a Professional Engineer in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal (of the applicant's proficiency) as requested below and on the back of this form. **PLEASE RETURN THIS FORM TO APPLICANT AFTER COMPLETION.**

- I know this applicant: ☐ - very well ☐ - well ☐ - slightly ☐ - not at all
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☐ - In social or community activities ☐ - In professional society activities
☐ - Other (specify) _____
- In my opinion the applicant's personal integrity and character _____

- I have personal knowledge of the applicant's engineering work ☐ - yes ☐ - no. The type of practice engaged in and quality of performance are indicated on the scale below. Interpretations are stated on the back of this sheet.

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State of Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

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PROFESSIONAL ENGINEER APPLICANT APPRAISAL FORM

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ENGINEER SECTION

PROFESSIONAL ENGINEER APPLICANT APPRAISAL FORM

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State of Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ENGINEER SECTION

PROFESSIONAL ENGINEER APPLICANT APPRAISAL FORM

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- (b) EAC/ABET accredits programs leading to a bachelor degree in engineering obtained in the United States. If your degree is not accredited by EAC/ABET and you apply under sec. 443.04(1)(d), Stats., you must submit evidence that the degree you received is from a curricula equivalent to those accredited by EAC/ABET. A Bachelor of Science degree in engineering technology accredited by the Technology Accrediting Commission of the Accreditation Board for Engineering and Technology is equivalent to 3 years of experience. If you have received a B.S. degree in engineering technology, you must submit a request for equivalency. You also must document a minimum of 9 years of qualifying engineering experience. Each request for equivalency will be evaluated on an individual basis and solely on information provided by the applicant.

Bachelor's degree from _____ was granted on _____,
(Name of School) (Date)

in _____
(Name of Program, i.e., Civil)i.e., civil)

- ☐ Program is accredited by TAC/ABET as four-year engineering technology.
- ☐ Program is not accredited by TAC/ABET as a four-year engineering technology program.

(The applicant must attach a written request that education be accepted as equivalent and provide supporting evidence.)

NOTE: If the degree is from an international educational institution, you must provide an official detailed evaluation by Engineering Credentials Evaluation International (ECEI), 211 E. Lombard St., #357, Baltimore, MD 21202, (410) 347-7738, www.ecei.org which shows that the degree is equivalent to an EAC/ABET accredited B.S. degree in engineering.

2. **Provide a statement** describing provisions in Wisconsin law which govern the practice of engineering and which concern the design needs of people with physical disabilities. Attach a single page (use front and back if necessary) containing your interpretations of those applicable codes, identified by section number. Title the page: BARRIER-FREE DESIGN STATEMENT by (your name). Please type or print the statement.

NOTE: A complete copy of Comm 61 to 65 Wisconsin Administrative Code may be purchased from the Department of Administration, Division of Document Sales, P.O. Box 7840, Madison, WI 53701, 800-362-7253. Copies may also be available at public libraries. Chapters Comm 61 to 65 are also available on the web site at www.legis.state.wi.us/rsb/code/index.html. The IBC and the ICC/ANSI A117.1 may be purchased from organizations listed in the note under s. Comm 61.05.

Chapters Comm 61 to 65, Wisconsin Administrative Code specifically deals with the design needs of people with physical disabilities, and incorporates federal standards from the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

3. **Provide evidence** that you have at least 6 months of engineering experience in Wisconsin.

- (a) My experience in Wisconsin is documented in engagements _____
on the enclosed experience record (Form #463),

OR

- (b) Submit evidence that the contacts you have had with this state have made you familiar with Wisconsin engineering law and practice. Title the sheets "HOW I SATISFY REQUIREMENTS OF sec. A-E 4.05(4)(d), Wis. Admin. Code, by (your name)". Use as many sheets as necessary. Please type or print the statement.

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

PROFESSIONAL ENGINEER SECTION

INFORMATION REQUIRED OF APPLICANTS FOR REGISTRATION AS A PROFESSIONAL ENGINEER UNDER s. 443.04(1)(c), STATS.

Information requested is required for processing.

Applicant's Name	Birthdate
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NOTE: The following statutory and rule sections relate to the question below:

443.01(7), Stats., defines a professional engineer as a person who by reason of his or her knowledge of **mathematics**, the physical sciences and the principles of engineering, acquired by professional education and practical experience, is qualified to engage in engineering practice.

443.04(1)(c), Stats., (1) An applicant for registration as a professional engineer shall submit satisfactory evidence to the examining board of ... (c) A specific record by an applicant of 12 years or more of experience in engineering work of a character satisfactory to the examining board and indicating that the applicant is competent to practice engineering.

A-E 4.05(3), Wis. Admin. Code requires that applicants applying under s. 443.04(1)(c) shall complete the principles and practice of engineering and the barrier free design parts of the examination and shall submit a record which specifically describes the knowledge of mathematics, the physical sciences and the principles of engineering which the applicant has acquired by practical experience or professional education.

Failure to provide the following information will result in denial of credential. This form must be returned.
The 3 statements should be attached to this form when submitted.

1. Knowledge of Mathematics Provide a general statement titled "Knowledge of Mathematics" by (your name) describing:
 - a. The scope of your knowledge of mathematics.
 - b. How you acquired your knowledge of mathematics. List any professional education courses which included the subject of mathematics.
 - c. How you now use or have used mathematics in your engineering work.
2. Knowledge of Physical Sciences Provide a general statement titled "Knowledge of the Physical Sciences" by (your name) describing:
 - a. The scope of your knowledge of the physical sciences.
 - b. How you acquired the knowledge. List any professional education courses which included the subject of the physical sciences.
 - c. How you now use or have used your knowledge of the physical sciences in your engineering work.
3. Knowledge of the Principles of Engineering Provide a general statement titled "Knowledge of the Principles of Engineering" by (your name) describing:
 - a. The scope of your knowledge of the principles of engineering.
 - b. How you acquired your knowledge of the principles of engineering. List any professional education courses which included the subject of the principles of engineering.
 - c. What principles of engineering you now use or have used in your engineering work.

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 11/02) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

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APPLICATION PACKET ADDENDUM (INTERNET)

PROFESSIONAL ENGINEERS WHO HAVE TAKEN AND PASSED THE PRINCIPLES AND PRACTICE OF ENGINEERING EXAMINATION

For the application packet that you have just downloaded, there is also a requirement that you must take and pass the Barrier Free Examination.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the Barrier Free Design Examination to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Wisconsin Statutes and Administrative Code.

For your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at www.drl.state.wi.us. If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of this code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of \$5.28 made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

P.O. Box

City, State, Zip

Thank you.

For Receipting Use Only